

### EASTERN AREA IARR CHECKLIST FOR INJURIES

**EACC Fax: 414-944-3838/ E-mail:** **wieacc@fs.fed.us**

|  |  |
| --- | --- |
| Injured Person’s Name:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reporting Date: |  | Time |  |
|  |  |  |  |
| IARR: |  | Contact Phone #:  |  |

|  |  |
| --- | --- |
| Crew Name and Number: |  |

|  |  |
| --- | --- |
| Injured Person’s Agency / Unit |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Name |  | Incident Number:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Injury Date:  |  | Injury Time: |  |

|  |  |
| --- | --- |
| Nature and Cause of Injury:  |  |
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|  |
| Treatment Facility: |  | Phone Number:  |  |

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| --- | --- |
| Treatment:  |   |
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| --- |
| Current Status (check one): |
| [ ]  At Medical Facility |  | Date: |  |
| [ ]  Return to Regular Duties |  | Date: |  |
| [ ]  Assigned to light duty for |  | #days | Date |  |
| [ ]  To be demobilized |  | Date: |  |
| Follow-up Notes:  |
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2/28/2019